PTO/SB/17 (10-08)

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| Effective on 12/08/2004 | | | | Complete if Known | | | |
|--|---------------|--------------------------|-------------|---------------------------|---|--------------------------|----------------|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Application Number 10/6 | | 0/695,295 | |
| FEE TRANSMITTAL | | | | Filing Date Oct | | clober 28, 2003 | |
| For FY 2009 | | | First | First Named Inventor Jose | | oseph A. Gonzales | |
| — • • • • • • • • • • • • • • • • • • • | | | | Examiner Name Vu, | | u, Quynh-Nhu Hoang | |
| Applicant claims small entity status See 37 CFR 1.27 | | | Art I | Art Unit 3763 | | 63 | |
| TOTAL AMOUNT OF PAYMENT (S) 670 | | | Atto | Attorney Docket No. A-29 | | -2966-AU | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | |
| Deposit Account Deposit Account Number 01-2215 Deposit Account Name Applied Medical Resources | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | | | | | | | |
| ☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments | | | | | | | |
| under 37 CFR 1.16 and 1.17 | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEAR | CH. AND | EXAMINATION FEE | FS | | *************************************** | | |
| FILING FEES SEARCH FEES EXAMINAT | | | | | | IATION FEES | |
| Application Type | Fee (\$) | imall Entity Fee (\$) Fe | | ee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 330 | | | 270 | 220 | 110 | |
| Design | 220 | | 00 | 50 | 140 | 70 | |
| Plant | 220 | | | 165 | 170 | 85 | |
| Reissue | 330 | | | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0.00 | 0 | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | |
| Fee Description | | | | | | | Fee (\$) |
| Each claim over 20 (including Reissues) | | | | | | | 26 |
| Each independent claim over 3 (including Reissues) | | | | | | 220 | 110 |
| Multiple dependent claims | | | | | | 390 | 195 |
| Total Claims 25 Extra Claims Fee (\$) Fee Paid (\$) -20 or PF = 0 x 52 = 0 | | | | | | | endent Claims |
| HP = highest number of total (| daims paid to | x <u>52</u> = . | <u>u</u> | | | Fee (\$) | Fee Paid (\$) |
| Indep. Claims 5 Extra Claims Fee (\$) Fee Paid (\$) | | | | | | | |
| | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | |
| listings under 37 CF | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) | | | | | | | |
| Other (e.g., late filing surcharge): Extension of Time (1 mo) = \$130; Notice of Appeal = \$540 670 | | | | | | | |
| omer re.g., rate tiling | om charge | - EVICUSION OF TIME (| 1.1101 - 21 | 374 | owce of A | DECEL - 204U | <u> </u> |
| SUBMITTED BY | | | 10 | tration No. | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a brenif by the public within is to filled up the UNIFOTO by converse jumplication. Co-richestally is growed by 55 U.S. C. 252. at 32 CFC.11.1.1.1.1.1.1. is obtained to size independent to take 5 Delegand to t